

SEP 02 2005

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FACSIMILE INFORMATION SHEET

DATE: September 2, 2005

TIME: 4:15 PM

RE: Application No: 09/681,172 Applicant: Kenneth A. Franken

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THE FOLLOWING PAGES ARE FOR

NAME OF INDIVIDUAL: Examiner P. Ke

NAME OF FIRM/COMPANY: USPTO - Group Art Unit 2174

FACSIMILE (FAX) NO. 571-273-8300

TRANSMITTING PARTY: Gregory G. Williams

TOTAL NUMBER OF PAGES
(Including this Sheet): 6 PAGES

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MESSAGE: Please enter the following Notice of Appeal in the above-referenced patent application.

BEST AVAILABLE COPY

4 Sep. 2. 2005 N 5:10PM/681 SIMMONS, PERRINE-1.C
Applicant: Kenneth A. Franken
Filed: February 8, 2001
Group Art Unit: 2174
Examiner: P. Ke
For: Individualized content guide

No. 6517 P. 2/6

PTO/BB/87 (09-04)

Approved for use through 07/31/2005. OMB-0821-0031

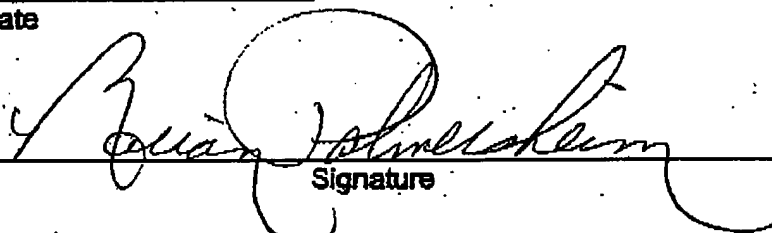
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SEP 02 2005

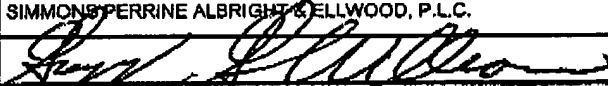
PTO/SB/21 (09-04)

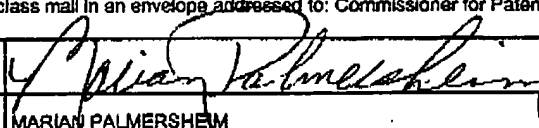
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/681,172	
	Filing Date	FEBRUARY 8, 2001	
	First Named Inventor	KENNETH A. FRANKEN	
	Art Unit	2174	
	Examiner Name	P. KE	
Total Number of Pages in This Submission	6	Attorney Docket Number	00F1464

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): CREDIT CARD PAYMENT FORM
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	SIMMONS, PERRINE ALBRIGHT & ELLWOOD, P.L.C.		
Signature			
Printed name	GREGORY G. WILLIAMS		
Date	SEPTEMBER 2, 2005	Reg. No.	31,681

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Typed or printed name	MARIAN PALMERSHEIM	Date	SEPTEMBER 2, 2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

250.00

Complete if Known

Application Number	09/881,172
Filing Date	February 8, 2001
First Named Inventor	Kenneth A. Franken
Examiner Name	P. Ke
Art Unit	2174
Attorney Docket No.	00F1484

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP =

x

=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

- 3 or HP =

x

=

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): NOTICE OF APPEAL

\$250.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent): 31,681	Telephone 319-887-1268
Name (Print/Type)	GREGORY G. WILLIAMS	Date	SEPTEMBER 2, 2005

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